PATENT APPLICATION FEE DETERMINATION RECO										Application or Docket Number 9/9/10594				
CLAIMS AS FILED - PART (Column 2)										SMALL ENTITY OTHER THAN TYPE CR SMALL ENTITY				
TOTAL CLAIMS				ર શ	,				RATE	FEE	ק <u>י</u> י	RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FI	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS				શર m	inus 20=	, ક્			X\$ 9=	18	OR			
IN	DEPENDENT C	LAIMS		2 minus 3 = °					X42=		OR	Voc		
M	ULTIPLE DEPE	NDENT	CLAIM P	RESENT					+140=	+	7		┟╌╌╌┨	
• 1	"If the difference in column 1 is tess than zero, enter "O" in column 2									+=	OR			
A DA CHAIME AS AMENDED BART II														
_	(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		Claims Remarting Apter Amendment		MIGHEST MIAMBER PREVIOUSLY PAID FOR		BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ş	Total	. 20)	Minus	-20			\vdash	X\$ 9=	·	OR	X\$18=		
BE	Independent	ح		Minus	-3		. 8	li	X42=	מעמ	OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.440					
+140 TO											OR	+280=		
1-9-00 (Column 1) (Column 2) (Column 3)														
AMENDMENT B		a	AIMS IAINING		RIGHEST NUMBER PRESENT					ADDI-	1		ADDI-	
		A	FTER VOMENT	•	PREVIO PAID F	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	. 6	\bigcirc	Minus	- 2	Ō	. —		X\$ 9=		OR	X\$18=	PEE.	
EME	Independent	•	<u></u>	Minus	••• F	2	• —	╽┟	X42=			X84=		
Ĺ	FIRST PRESE		N OF MU	LTIPLE DE	PENDENT	CLAIM		┞			OR			
(Column 1) (Column 2) (Column 3)								L	+140= YOTAL		OR	+280=		
	6,70								DONT. FEE		OR ,	LOOT. FEEL		
U		a	AMS		(Colum HIGHE	51	(Catumn 3)	_		4884				
토	·	AF	AINING TER		PREVIOU	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	. /	U I	Minus	PAID F)	- 5	H		FEE	-		FEE	
AMENDME	Independent	• 4		Minus	••• 4		- (-	X\$ 9=		OR	X\$18=		
₹	FIRST PRESE	N OF MU	CTIPLE DEF	L	X42°		OR	X84=						
* If the entry in column 1 is tess than the entry is column 2, write 'V' in column 2.											OR	•280 =		
~ (THE TOTAL RUIT	iber Pre	vicusiy Pei	d For th This	S SPACE is I	less than	20. enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT, FEE		
i	ftte "Highest Nurs The "Highest Nursi	on Prev	tously Paid	For (Total or	independen	d) is the	yghesi unuper o 2' euth .3'.	_		ropriste box				